

## APPENDIX C

### DISTRICT OF COLUMBIA GOVERNMENT Mayor's Office on Latino Affairs

#### FY2015 Latino Community Development Grant RFA # 22615-15

#### GRANT APPLICATION PROFILE - Fiscal Year 2015

**Organization:**  
**Employer Identification Number (EIN):**  
**Project Title:**  
**Duration (Begin/End Dates):**

#### PROJECT COST

**Funding Requested (OLA): \$**

**Total Project Budget: \$**

#### OFFICIAL AUTHORIZING THIS APPLICATION

**Name and Title:**  
**Telephone:**  
**Fax:**

#### PROJECT DIRECTOR

**Name:**  
**Title:**  
**Address:**  
**Telephone:**  
**Email:**  
**Fax:**

#### FINANCIAL OFFICER:

**Name:**  
**Title:**  
**Address:**  
**Telephone:**  
**Email:**  
**Fax:**

*Application is made for a grant under the above-mentioned FY 2015 Latino Community Development Grant to the District of Columbia in the amount of and for the purpose stated herein.*

*I certify that is application, if awarded, will conform to the conditions set forth by the Mayor's Office on Latino Affairs.*

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**Signature of Authorized Official**

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**Date**